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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>		Docket Number (Optional) 16973-2																												
Application Number 10/535,527		Filed																												
For AN INTRAMURAL NEEDLE-TIPPED SURGICAL DEVICE																														
Art Unit		Examiner																												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border: none;"><thead><tr><th></th><th style="text-align: center;"><u>Fee</u></th><th style="text-align: center;"><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month [37 CFR 1.17(a)(1)]</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]</td><td style="text-align: center;">\$450</td><td style="text-align: center;">\$225</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]</td><td style="text-align: center;">\$1020</td><td style="text-align: center;">\$510</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Four months [37 CFR 1.17(a)(4)]</td><td style="text-align: center;">\$1590</td><td style="text-align: center;">\$795</td><td style="text-align: right;">\$ <u>1590.00</u></td></tr><tr><td><input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]</td><td style="text-align: center;">\$2160</td><td style="text-align: center;">\$1080</td><td style="text-align: right;">\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> Applicant/inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>35,714</u></p> <p><input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>35,714</u></p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; text-align: center;"> _____ Signature</td><td style="width: 50%; text-align: center;">May 22, 2006 _____ Date</td></tr><tr><td style="text-align: center;">Timothy N. Thomas _____ Typed or Printed Name</td><td style="text-align: center;">317-634-3456 _____ Telephone Number</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p> <p><input checked="" type="checkbox"/> *Total of _____ forms are submitted.</p>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ _____	<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____	<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ _____	<input checked="" type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ <u>1590.00</u>	<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____	 _____ Signature	May 22, 2006 _____ Date	Timothy N. Thomas _____ Typed or Printed Name	317-634-3456 _____ Telephone Number
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